

VIRAL HEPATITIS CASE RECORD
FOR REPORTING OF PATIENTS WITH SYMPTOMATIC ACUTE VIRAL HEPATITIS
(SEE CASE DEFINITION ON REVERSE)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

Centers for Disease Control and Prevention
Hepatitis Branch, (A33)
Atlanta, Georgia 30333

STATE GEOGRAPHIC CODE

(1) (2) (3) (4) (5)

STATE CASE NO.

(8) (9) (10) (11)

CDC CASE NO.

(8) (9) (10) (11)

PATIENT'S LAST NAME (please print clearly) (12-26) FIRST AND MIDDLE NAME (or initials) OCCUPATION

STREET ADDRESS TOWN OR CITY STATE (Zip Code) COUNTY (27-36) COUNTY FIPS CODE (37-40)

AGE (yrs) (41-42) 00 = < 1yr 99 = Unk	DATE OF BIRTH (43-48) Mo Day Yr	SEX (49) 1 Male 2 Female 9 Unk	RACE (50) 1 American Indian or Alaskan Native 2 Asian or Pacific Islander 3 Black 5 White 9 Unk
			ETHNICITY (51) 1 Hispanic 2 Non-Hispanic 9 Unk

Reporting physician's diagnosis (52-53) 1 Hepatitis A 2 Hepatitis B 3 Non-A, Non-B 4 Hepatitis D 5 Hepatitis
DO NOT REPORT CASES OF CHRONIC HEPATITIS OR CHRONIC CARRIERS!! Hepatitis (Delta) Unspecified

CLINICAL DATA					LABORATORY RESULTS			
	Mo	Day	Yr		Pos	Neg	Not Tested/Unk	
Date of first symptom (54-59)				IgM Hepatitis A antibody (IgM anti-HAV) (69)	1	2	9	
Date of diagnosis (60-65)				Hepatitis B surface antigen (HBsAg) (70)	1	2	9	
Was the patient jaundiced? (66)	1	Yes	2	No	IgM Hepatitis B core antibody (IgM anti-HBc) (71)	1	2	9
Was the patient hospitalized for hepatitis? (67)	1	Yes	2	No	Antibody to Delta (anti-HDV) (72)	1	2	9
Did the patient die from hepatitis? (68)	1	Yes	2	No				

For purposes of National Surveillance, ASK ALL OF THE FOLLOWING QUESTIONS FOR EVERY CASE OF HEPATITIS. These questions may help determine where the patient acquired his/her infection. Please refer to the work sheet on the back of the last page for additional questions.

During the 2-6 weeks prior to illness

	Yes	No	Unk
1. was the patient a child or employee in a nursery, day care center, or preschool? (73)	1	2	9
2. was the patient a household contact of a child or employee in a nursery, day care center, or preschool? (74)	1	2	9
3. was the patient a contact of a confirmed or suspected hepatitis A case? (75)	1	2	9
If yes, type of contact: (76) 1 Sexual 2 Household (non-sexual) 3 Other			
4. was the patient employed as a food handler? (77)	1	2	9
5. did the patient eat raw shellfish? (78)	1	2	9
6. was the patient suspected as being part of a common-source foodborne or waterborne outbreak? (79)	1	2	9
7. did the patient travel outside of the U.S. or Canada? (80)	1	2	9
If yes, where: (81) 1 So./Central America (including Mexico) 2 Africa 3 Caribbean 4 Middle East			
5 Asia/So. Pacific 6 Australia/New Zealand 7 Other_____			
Duration of stay: (82) 1 1-3 Days 2 4-7 Days 3 More than 7 Days			

During the 6 weeks-6 months prior to illness

8. was the patient a contact of a confirmed or suspected acute or chronic hepatitis B or non-A, non-B case? (83)	1	2	9			
If yes, type of contact: (84) 1 Sexual 2 Household (non-sexual) 3 Other						
9. was the patient employed in a medical, dental or other field involving contact with human blood? (85)	1	2	9			
If yes, degree of blood contact: (86) 1 Frequent (several times weekly) 2 Infrequent						
10. did the patient receive blood or blood products (transfusion)? (87)	1	2	9			
If yes, specify date(s) received: (88-93) From _____ to _____ (94-99)						
11. was the patient associated with a dialysis or kidney transplant unit? (100)	1	2	9			
If yes, (101) 1 Patient 2 Employee 3 Contact of patient or employee						
12. did the patient use needles for injection of street drugs? (102)	1	2	9			
13. what was the patient's sexual preference? (103) 1 Heterosexual 2 Homosexual 3 Bisexual 9 Unk						
14. how many different sexual partners did the patient have? (104) 1 None 2 One 3 2-5 4 More than 5 9 Unk						
15. did the patient have						
dental work or oral surgery? (105) 1 Yes 2 No 9 Unk	tattooing? (108)	1	2	9		
other surgery? (106) 1 Yes 2 No 9 Unk	an accidental stick or puncture with a needle					
acupuncture? (107) 1 Yes 2 No 9 Unk	or other object contaminated with blood? . (109)			1	2	9
Has this patient ever received the three dose series of Hepatitis B vaccine? (110)				1	2	9
If yes, what year? (111-112) ____ AND was the patient tested for antibody within 1-6 months after the last dose? (113)				1	2	9
If yes, was the antibody test: (114) 1 Pos 2 Neg 3 Unknown						

Comments:

Investigator's Name

Date

WORK SHEET

CASE DEFINITION FOR REPORTING OF ACUTE VIRAL HEPATITIS

Illness with: 1) discrete onset of symptoms and
2) jaundice or elevated serum aminotransferase levels.

Hepatitis A: IgM anti-HAV positive.

Hepatitis B: IgM anti-HBc positive if done or HBsAg positive and IgM anti-HAV negative if done.

Non-A, Non-B Hepatitis: 1) IgM anti-HAV negative, and
2) IgM anti-HBc negative if done or HBsAg negative, and
3) serum aminotransferase levels greater than 2 1/2 times the upper limit of normal.

Delta Hepatitis: 1) HBsAg or IgM anti-HBc positive and
2) Anti-HDV positive.

FOR USE BY LOCAL HEALTH DEPARTMENTS TO DETERMINE THE PATIENT'S MOST PROBABLE SOURCE OF INFECTION

Patient's name _____ Home phone _____ Employed by _____ Work phone _____

Reporting physician's name, address, and phone # _____

If patient was hospitalized for hepatitis, give name of hospital _____

Results of liver function tests: SGOT (AST) _____ SGPT (ALT) _____ Bilirubin _____

FURTHER INFORMATION FOR ADMITTED RISK FACTORS AND SOURCES LISTED ON FRONT PAGE

IF APPLICABLE:

1. Name, address, and phone # of child care center _____
2. Name and address of school, grade, classroom attended _____
3. Name, address, and phone # of restaurant where food handler worked (**HEPATITIS A ONLY**) _____

4. Food history of patient for the 2-6 wks prior to onset: (**HEPATITIS A ONLY**)
 - a. name and location of restaurants _____
 - b. name and location of food stores _____
 - c. name and location of bakery _____
 - d. group meals attended (e.g., reception, church, meeting, etc.) _____
 - e. location raw shellfish purchased _____

5. Name, address, and phone # of known hepatitis A or hepatitis B contact _____ Relationship _____

6. CONTACTS REQUIRING PROPHYLAXIS FOR HEPATITIS A OR HEPATITIS B

Name	Age	Relationship to case	IG	HBIG	Vaccine
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7. If transfused, **NOTIFY BLOOD CENTER!** Name of blood center _____
 - a. number of units of whole blood, packed RBC or frozen RBC received _____
 - b. specify type of blood product (e.g., albumin, fibrinogen, factor VIII, etc.) _____

8. **IF DONOR**, name, address, and phone # of donor or plasmapheresis center _____ Date _____

9. Name, address, and phone # of dialysis center _____

10. Name, address, and phone # of dentist or oral surgeon _____

11. If other surgery performed, name, address, and phone # of location _____

12. Name, address, and phone # of acupuncturist or tattoo parlor _____

13. Is patient currently pregnant? _____ If yes, give obstetrician's name, address and phone # _____

- a. estimated date and location of delivery _____

Comments: _____

Investigator's Name and Title _____

Date of Interview _____